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CONFIRMATION NO. 4483

SERIAL NUMBER 10/797,368	FILING OR 371(c) DATE 03/10/2004 RULE	CLASS 156	GROUP ART UNIT 1734	ATTORNEY DOCKET NO. PGI6044P1701US
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APPLICANTS
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**** CONTINUING DATA *******
 This appln claims benefit of 60/453,391 03/10/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 05/26/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Linda D. Hayelg</i> Examiner's Signature Initials	STATE OR COUNTRY TX	SHEETS DRAWING 6	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
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ADDRESS
32116

TITLE
Method of using medical wrap in continuous form

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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